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Substitute for Form PTO-875

Application of Duckiet Number

10/680318

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

On

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
\$ _____ =	
TOTAL	

RATE	FEE
	\$ _____
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

Of?

OTHER THAN
SMALL ENTITY

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.64(e))	9	20	=
Independent (37 CFR 1.64(d))	3	3	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.64(d))

RATE	ADDITIONAL FEE
1.5 _____ =	
2.5 _____ =	
4.5 _____ =	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
1. \$ _____ =	
2. \$ _____ =	
3. \$ _____ =	
TOTAL ADDITIONAL FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXPIRATION DATE
Total (27 CFR 1.122.1)		Minus	"
Independent (27 CFR 1.126.1)		Minus	"

FIRST EXPIRATION OF SUBPATE DEPENDENT CLAIMS (27 CFR 1.122.1)

RATE	ADDITIONAL FEE
1 5 _____	
4 5 _____	
4 5 _____	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
\$ 5	
\$ 5	
\$ 5	
TOTAL	
AMOUNT	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAWS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (3) Claws + (4) Claws	-	Minus	-
Independent (3) Claws + (4) Claws	-	Minus	-

First and second claws are not the independent claws (3) Claws + (4) Claws

RATE	ADDITIONAL FEE
1.1 _____	
1.1 _____	
1.1 _____	
TOTAL	
DATE	

RATE	ADDITIONAL FEE
1.50	
2.50	
3.50	
4.50	
5.50	
6.50	
7.50	
8.50	
9.50	
10.50	
11.50	
12.50	
13.50	
14.50	
15.50	
16.50	
17.50	
18.50	
19.50	
20.50	
21.50	
22.50	
23.50	
24.50	
25.50	
26.50	
27.50	
28.50	
29.50	
30.50	
31.50	
32.50	
33.50	
34.50	
35.50	
36.50	
37.50	
38.50	
39.50	
40.50	
41.50	
42.50	
43.50	
44.50	
45.50	
46.50	
47.50	
48.50	
49.50	
50.50	
51.50	
52.50	
53.50	
54.50	
55.50	
56.50	
57.50	
58.50	
59.50	
60.50	
61.50	
62.50	
63.50	
64.50	
65.50	
66.50	
67.50	
68.50	
69.50	
70.50	
71.50	
72.50	
73.50	
74.50	
75.50	
76.50	
77.50	
78.50	
79.50	
80.50	
81.50	
82.50	
83.50	
84.50	
85.50	
86.50	
87.50	
88.50	
89.50	
90.50	
91.50	
92.50	
93.50	
94.50	
95.50	
96.50	
97.50	
98.50	
99.50	
100.50	

* If the entry in column 1 is less than the entry in column 2, write 0 in column 1.

* If the "Hepatitis Hepatitis" Department of H.I.W., 506 G. St., N.W., is contacted, it can be seen that

6. The "Highest Available Degree of Detail" (HADD) is less than 1 meter.

The Highest Number Previously Paid For (Total or Independently) is the highest number found in the appropriate box in column 1.

[illegible]